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Bib Data Sheet

CONFIRMATION NO. 4584

|                             |                                       |              |                        |                                      |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER<br>10/684,513 | FILING DATE<br>10/15/2003<br><br>RULE | CLASS<br>385 | GROUP ART UNIT<br>2874 | ATTORNEY<br>DOCKET NO.<br>P-5647-US2 |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|

APPLICANTS

Arie Shahar, Rye Brook, NY;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/420,112 10/21/2002  
 and claims benefit of 60/440,037 01/15/2003

*js*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*None js*

**\*\* SMALL ENTITY \*\***

|   |   |                           |                         |                            |                                |
|---|---|---------------------------|-------------------------|----------------------------|--------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR<br>COUNTRY<br>NY | SHEETS<br>DRAWING<br>57 | TOTAL<br>CLAIMS<br>20 / 10 | INDEPENDENT<br>CLAIMS<br>2 / 1 |
| Verified and<br>Acknowledged                                | Examiner's Signature <i>JS</i> Initials                             |                           |                         |                            |                                |

ADDRESS

49443  
 PEARL COHEN ZEDEK, LLP  
 1500 BROADWAY 12TH FLOOR  
 NEW YORK, NY  
 10036

TITLE

All-optical bistable devices

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>385 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
|-----------------------------------|---|--|